

KENTUCKY INDIVIDUAL INCOME TAX RETURN **Full-Year Residents Only**

For calendar year or 1000

		- — other tax	kabie y	/ear beginning	. , 1999, and ending	j , 200 __	<u> </u>			77	
		A. Spouse's Social Security Number	er 	✓ Spouse's	Yours	s >	В.	Your So	ocial Secu	rity Numbe	er ••••••••
		Name—Last, First, Middle Initial (Joint or c		led return, give both nar	nes and initials.)	8,000	dana	la se sella se			
)	>										
ı	L	Mailing Address (Number and Street Include). Box)								
1	A B										
	E	City, Town or Post Office				State	000000		ZIP Code		
,	L ➤										
•			Same			S SoundSou					
		FILING STATUS (see instructions)				POLITICAL PARTY FUND					
1		Single	Designating \$2 will		I not change your refund or ta A. Spouse B. Yourse						
2	H	Married, filing separately on this con Married, filing joint return.	nbine	d return. (If both had i	ncome.)	Democrati	С	(1)	pouse	(4)	ai seii
4		Married, filing separate returns. Ente	er spc	ouse's Social Security	number above	Republica		(2)		(5)	
		and full name here.				No Design	ation	(3)		(6)	
CRE	DITS	Check Regular		Check both if 65 or ov	er Check both	if blind					
		edits for yourself:					5		number of	f	
		edits for spouse:	who li		Ц				checked	_	5000
	List first names of your dependent children who lived with you. (a) (b) (c) (d)						6		number of n listed	f	
7	List na	ame and relationship of other depende			-		7	Enter r	number of	f other	
-						dependents listed					
		otal number of credits claimed on lines					8	Enter t	otal credi	ts	i
mari	ried fill	ayer must claim his or her own credits fr ing separately on a combined return (Fil	ling Si	tatus 2), divide the am	ount on line 8 an	d enter in					
Вох	es A ar	nd B. All other filers enter the amount fr	om lir	ne 8 in Box B		>	A.	·	ăă	B.	Š
ADJ	USTEI	D GROSS INCOME		A. Spouse (Use in Dolla		's checked.) Cents		B.	Yoursel Dollars	f (or Joint) Ce
		amount from federal Form 1040, 3; 1040A, line 18 or 1040EZ, line 4	. 9							,	
10	Additio	ons from Schedule M, line 5	. 10								
11	Add Iir	nes 9 and 10	. 11							ll.	
		actions from Schedule M, line 14	. 12								
		ct line 12 from line 11. This is your cky Adjusted Gross Income	. 13	,				ļ		,	
ГАХ	ABLE	INCOME	_								
14	Itemize	ers: Enter itemized deductions from									
		cky Schedule A. Nonitemizers: Enter in Columns A and/or B	. 14								
15	Subtra	act line 14 from line 13. This is axable Income									
	•						90000			d	
TAX		toy from Toy Toble or Commutation									
		tax from Tax Table or Computation . if from Schedul e TC	. 16								
17	۸dd ta	ay amount(s) in Columns A and B. line	16			17					

TA	X		Dollars	Cents
18	Enter amount from line 17	18		
19	Enter Low Income Tax Credit from worksheet in the instructions	19		
	Subtract line 19 from line 18 Enter Child and Dependent Care Credit from federal Form 2441, line 9 >			
22	Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero			
	Enter KENTUCKY USE TAX from worksheet in the instructions			
24	Add lines 22 and 23. This is your Total Tax Liability	24		
	(a) Enter Kentucky income tax withheld as shown on attached 1999 wage and tax statements	21		
26	Add lines 25(a) and 25(b)	26		
27	If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions)	27		
Sec 28 29 30	Nature and Wildlife Fund Contribution \$\begin{array}{cccccccccccccccccccccccccccccccccccc			
31	Veterans' Program Trust Fund Contribution			
32	Add lines 28 through 31	32		
33	Amount of line 27 to be CREDITED to your 2000 ESTIMATED TAX	33		
34	Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU	34		
	V DAVAGENT CHAMAADV			
	X PAYMENT SUMMARY If line 24 is larger than line 26, enter ADDITIONAL TAX DUE	25		
	(a) 2210-K (c) Late payment	33	1	t
30	penalty penalty			
	(d) Late filing Check if Form 2210-K attached penalty			
	(e) Add lines 36(a) through 36(d). (b) Interest 3	6(e)		
37	Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE	37		
Ma	ke check payable to Kentucky State Treasurer . Write your Social Security number and "KY Income c—1999" on the check. Place on top of wage and tax statements on page 1 .			
	ach a complete copy of federal Form 1040 if you received m, business, or rental income or loss. Do you wish to receive a property of the prop	a name	Packet	Label
	ou are not required to attach a copy of your federal return, eck here▶ and address label for filing 2000 return? (check one)	, ,		
of r	ne undersigned, declare under penalties of perjury that I have examined this return, including all accompar my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to gulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly return.	file a comb	oined return under the p	provisions of
		_		
You	r Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed	i []		
Тур	ed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date	_	Telephone Number (daytime)
	42A7409923 Mail to: REFUNDS Kentucky Revenue Cabinet, Fran	kfort, KY	40618-0006.	
	PAYMENTS Kentucky Revenue Cabinet, Francisco	kfort, KY	40619-0008.	